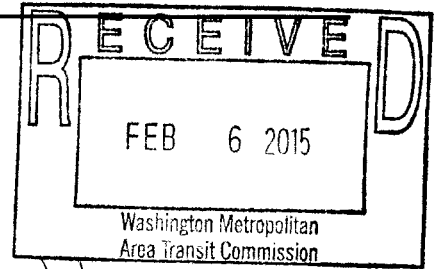


Washington Metropolitan Area Transit Commission

2015 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



1. CARRIER INFORMATION:

1844 ST. Michael Transportation, LLC

*WMATC No.	*Name of Carrier (as shown on certificate of authority)	Apt./Suite	City	State	Zip
	5610 2 nd place NW		Washington	DC	20011
*Street Address of Principal Place of Business					
	5610 2 nd place NW		Washington	DC	20011
*Mailing Address (if different from street address)					
	202-413-1200	202-269-8576	202-265-3538	E-Tsegia@yahoo.com	
*Telephone		Other Telephone	Fax	E-mail	

2. OTHER PASSENGER CARRIER AUTHORITY (if applicable, list carrier/permit number):

USDOT No.	DCTC No.	Virginia DMV passenger carrier No.	Maryland PSC No.

3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Tsegi Tesfay CEO

*Name	*Title
202-413-1200	202-269-8576
202-265-3538	E-Tsegi@yahoo.com
*Telephone	Other Telephone
Fax	E-mail

4. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS

*Complete section 4 only if the principal place of business in section 1 is outside the Metropolitan District. The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria, Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see www.wmatc.gov.

Name of Registered Agent for Service of Process	Telephone	E-mail

Agent Address (must be inside Metropolitan District)	Apt./Suite	City	State	Zip

5. ***CHANGES:** Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

None

6. ***LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** (1) list your vehicles below or (2) attach a complete vehicle list to both pages of this form. If you have more than 10 vehicles in your fleet, you must use option 2. Include **all** required information.

Fleet No. If applicable	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	Wheelchair Lift or Ramp Yes/No
01	2008	Toyota	5TDZK23C485140340	B45740	DC	6	NO
02	2008	DODG	2D8HN44H2R147936	B45170	DC	6	NO
03	2008	DODG	2D8HN44H1R700236	B48008	DC	6	NO
04	2008	DODG	1D8HN44H28B163195	B47973	DC	6	NO

7. ***CERTIFICATION:**

I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

Tsega Tesfay

*Name (type or print)

CEO

*Title (not required for sole proprietors)

Tsega Tesfay

*Signature

02/06/15

*Date